

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>bag</i>		<i>3/20/00</i>
O.I.P.E. CLASSIFIER		<i>100008</i>	<i>5/11/00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	<i>7/15/99</i>
2	<i>7/14/99</i>
3	<i>8/26/99</i>
4	<i>1/29/00</i>
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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